

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

1 02593202

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		X			
3	/		X			
4	/		/			
5	/		X			
6	/		/			
7			/			
8			/			
9			/			
10			/			
11			/			
12			/			
13			X			
14			/			
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	/		/			
23	/		/			
24	/		X			
25	/		X			
26	/		X			
27	/		X			
28	/		X			
29	/		X			
30	/		/			
31	/		/			
32	/		/			
33			/			
34			/			
35			/			
36			X			
37			X			
38			X			
39			X			
40			X			
41			X			
42	/		X			
43	/		X			
44	/		X			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		X			
50	/		/			
TOTAL IND.	142	↓	8	↓		↓
TOTAL DEP.	62	←	32	←		←
TOTAL CLAIMS	76		40			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
53			/			
54			/			
55	/		/			
56			/			
57	/					
58			/			
59			/			
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						